

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004476

FILED
Jan 28, 2007
Secretary of State

Entity Name: FLAGLER COURT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3075 FLAGLER AVE
#11
KEY WEST, FL 33040 US

New Principal Place of Business:

3075 FLAGLER AVE
#26
KEY WEST, FL 33040 US

Current Mailing Address:

3075 FLAGLER AVE
#11
KEY WEST, FL 33040 US

New Mailing Address:

3075 FLAGLER AVE
#26
KEY WEST, FL 33040 US

FEI Number: 65-0621066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAURI
3075 FLAGLER AVE
#26
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LAURI K
Address: 3075 FLAGLER AVE., #26
City-St-Zip: KEY WEST, FL 33040 US

Title: DV () Delete
Name: COHEN, CHERI
Address: 3075 FLAGLER AVE #24
City-St-Zip: KEY WEST, FL 33040 US

Title: TD () Delete
Name: ANDRADE, ADONIS
Address: 3075 FLAGLER AVE #14
City-St-Zip: KEY WEST, FL 33040 US

Title: SD () Delete
Name: WELLS, ROBYN
Address: 3075 FLAGLER AVE #7
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COHEN, CHERI
Address: 3075 FLAGLER AVE #24
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: ANDRADE, ADONIS
Address: 3075 FLAGLER AVE #14
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: WELLS, ROBYN
Address: 3075 FLAGLER AVE #7
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURI SMITH

D

01/28/2007

Electronic Signature of Signing Officer or Director

Date